

SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT
IOWA DNR WATER SUPPLY
Membrane Filtration

Plant: TP01
 System Name: _____
 Membrane Unit # _____ of _____

PWSID #: _____
 Month: _____
 Year: _____

DIT Criteria	Test Parameters and Additional Data												
	P _{TEST} (psi)	Min. Test Duration (minutes)	UCL (psi/min)	LRV _{C-TEST}			Op. Criteria	Max. TMP (psi)	Max. Filter Flux (gfd)				

Day	Individual Unit Performance Data													
	Operational Data				Direct Integrity Test (DIT)						Indirect Integrity Test (IIT)			
	Daily Prod.(MG)	Daily Max. TMP (psi)	Normalized Specific Flux (gfd/psi)		P _{INITIAL} (psi)	P _{FINAL} (psi)	Test Duration (Min.)	ΔP _{TEST} (psi/min)	Within UCL (Y/N)	LRV Verified	Daily Highest Turbidity (NTU)	# of Consec Results > 0.15 NTU	Daily Highest Particle Count	# of Consec Results > 30 counts/mL
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
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24														
25														
26														
27														
28														
29														
30														
31														
Total												0		0
Avg	#DIV/0!													
Max	0	0	0		0	0	0	0			0		0	
Min	0	0	0		0	0	0	0		0	0			

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

DRC Operator or Designee's Signature _____

Certificate # _____

Grade: _____

Date: _____

SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT

IOWA DNR WATER SUPPLY Membrane Filtration Summary

Plant: TP01
System Name: 0

PWSID #: 0
Month: 0
Year: 0

Direct Integrity Test (DIT)

Were all DIT results within UCL?

☐ Yes ☐ No

If No, Complete the Table Below:

Were all LRV's verified during the DIT equal to or above the LRV assigned to the unit?

☐ Yes ☐ No

If No, Complete the Table Below:

Corrective Action Taken (If Required)

Membrane Unit #	Date/Time Removed From Service	Description of Repair Work	Verification of Integrity					Date/Time Returned To Service
			P _{INITIAL}	P _{FINAL}	Test Duration (Min.)	ΔP _{TEST} (psi/min)	Within UCL (Y/N)	

Indirect Integrity Test (IIT)

Were all membrane units monitored separately and continuously (every 15 min.) for the entire month? **If no, explain:** _____

☐ Yes ☐ No

Was the continuous membrane monitoring or recording equipment (every 15 min.) off-line during the month? **If yes, explain:** _____

☐ Yes ☐ No

Did any membrane units experience turbidity exceedances of 0.15 NTU or particle counts of 30 counts/mL in two consecutive measurements taken 15 minutes apart?

☐ Yes ☐ No

If Yes, Complete the Table Below:

Were there any other conditions that initiated a DIT

☐ Yes ☐ No

If Yes, Complete the Table Below:

Corrective Action Taken (If Required)

Membrane Unit #	Date/Time Removed From Service	Triggered DIT					Description of Repair Work or Condition	Verification of Integrity					Date/Time Returned To Service
		P _{INITIAL}	P _{FINAL}	Test Duration (Min.)	ΔP _{TEST} (psi/min)	Within UCL (Y/N)		P _{INITIAL}	P _{FINAL}	Test Duration (Min.)	ΔP _{TEST} (psi/min)	Within UCL (Y/N)	